ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	TELEPHONE NO.:	LEVYING OFFICER (Name and	LEVYING OFFICER (Name and Address):	
ATTORNEY FOR (Name):				
NAME OF COURT, JUDICIAL DISTRICT, OR BRANCH COURT, IF ANY:				
PLAINTIFF:				
DEFENDANT				
DEFENDANT:				
APPLICATION FOR EARNINGS WITHHOLDI (Wage Garnishment)	NG ORDER	LEVYING OFFICER FILE NO.:	COURT CASE NO.:	
TO THE SHERIFF OR ANY MARSHAL OR CONSTABLE OF THOR ANY REGISTERED PROCESS SERVER	E COUNTY OF			
The judgment creditor (name):				
1. The judgment creditor (harne).				
requests issuance of an Earnings Withholding Order directing	the employer to withhole	d the earnings of the judg	gment debtor (employee)	
Name and address of employer Name and address of employee ——————————————————————————————————				
The amounts withheld are to be paid to Social Security Number (if known):				
2. The amounts withheld are to be paid to a. The attorney (or party without an attorney) b. Dother (name, address, and telephone):			elephone):	
named at the top of this page.	2. <u> </u>	or (mamo, address, ama		
3. a. Judgment was entered on (date):				
b. Collect the amount directed by the Writ of Execution unless	a lesser amount is spec	cified here:		
4 The Writ of Execution was issued to collect delinquent as	mounts navable for the	support of a child forme	er shouse or shouse	
of the employee.	nounts payable for the	support of a office, forme	or spouse, or spouse	
5. Special instructions (specify):				
e eposiai menaenene (eposiny).				
6. (Check a or b)				
 I have not previously obtained an order directing this e OR— 	employer to withhold the	e earnings of this employe	ee.	
b. I have previously obtained such an order, but that ord	er (check one):			
was terminated by a court order, but I am entitled	,	rnings Withholding Orde	r under	
the provisions of Code of Civil Procedure section	706.105(h).			
was ineffective.				
(TYPE OR PRINT NAME)	(SIGNATU	RE OF ATTORNEY OR PARTY WITH	HOUT ATTORNEY)	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date:				
(TYPE OR PRINT NAME)	<u>*</u>	(SIGNATURE OF DECLARA	NT)	
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